

**Client Feedback Report  
2004-2005  
Rural Hospital  
Performance Improvement (RHPI) Project  
October 2005**

*Prepared by  
Linda Powell, MSIPT*



**Delta Region**

**Funding provided by the Office of Rural Health Policy, HRSA**

*A Mountain States Group, Inc. Program  
In Partnership with the Rural Health Resource Center*

# Executive Summary

The Rural Hospital Performance Improvement (RHPI) Project for the Delta Region is funded by the Office of Rural Health Policy, Health Resources and Services Administration, Department of Health and Human Services. Project funding was awarded September 2004 to Mountain States Group in partnership with the Rural Health Resource Center. This feedback process was prepared to guide project improvements. The project has a consultant agreement with Ira Moscovice of the University of Minnesota, to complete an external review of RHPI's effectiveness and impact on hospitals in the region. Another agreement was with Community Healthcare Systems, LLC to conduct a process evaluation.

The RHPI Project has three primary goals:

- 1) Provide performance improvement consultation and technical assistance to eligible hospitals located in the Delta Region;
- 2) Collect and develop tools for performance improvement; and
- 3) Help to build capacity for the Delta region, working with state partners, including offices of rural health and hospital associations.

One evaluation activity during the first year of this second contract was the distribution of client feedback forms as an instrument for obtaining objective information from participating hospitals, state partners and consultants. The forms asked about the project and its effectiveness, and staff and their availability. Forms were distributed to three different clients:

- A. Participating hospitals (84.6% response rate, 11 out of 13);
- B. Twelve of the original 16 state partners returned forms for a response rate of 75%. Two forms were received from alternates; and
- C. Consultants who worked with hospitals (90% response rate, 9 out of 10).

Once again, the results were very positive toward the project with specific areas of improvement noted. Highlights include the following (percent responding strongly agree and agree):

- Hospitals believed RHPI consultants had the appropriate skills, knowledge and experience to assist them with performance improvement efforts (100%)
- Hospitals indicated the consultants were able to transfer knowledge and experience to hospital staff and board members (100%)
- Hospitals considered the recommendations to be innovative (92.3%)
- Hospitals considered the recommendations to be appropriate and practical (100%)
- Hospitals would recommend the RHPI consultants to others (100%)
- Hospitals and state partners would recommend this project to others (100%)

# Client Feedback Process and Results

There are three primary clients for the RHPI Project: the participating hospitals, consultants and state partners. Three different forms are used to elicit feedback from clients. State partners are sent the forms near the end of the project year (September) and the hospital and consultant forms are sent within one month of presentation of the final report, with the exception of Stroudwater Associates consultants receive forms twice a year. Attachments A, B and C are copies of the forms. Attachment D contains the listing of hospitals, consultants and state partners who received the forms (Distribution List for Client Feedback).

Linda Powell, staff of Mountain States Group, Inc. manages the distribution and collection of the client feedback process, enters the data, and is responsible for developing this report with input from the project's associate director, Christy Crosser. All original client feedback forms and data are sent to Ira Moscovice, the project's external outcome evaluator. This report summarizes all data received through October 2005. It is comprised of three distinct sections: Hospital Feedback Results, Consultant Feedback Results and State Partner Feedback Results.

## I. Hospital Feedback Results

Thirteen hospitals were sent a form through September 2005. Eleven hospitals returned forms for a response rate of 84.6%. Follow-up was conducted with hospitals not responding to the initial request. The hospital form requested feedback on the consultants and the project. The following is a distribution of responses and comments provided to the questions. Please note that some hospitals provided feedback on more than one consultant resulting in responses totaling more than 11.

### A. Consultation Feedback

	Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly Disagree (1)
Consultant had the appropriate level of skills	11	2	0	0	0
Consultant had the appropriate level of knowledge	11	2	0	0	0
Consultant had the appropriate level of experience	11	2	0	0	0
Consultant understood the hospital functions	8	4	1	0	0
Consultant related well to staff	7	6	0	0	0
Consultant related well to board members	5	3	3	0	0

	Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly Disagree (1)
Communications with consultant was effective	9	4	0	0	0
Consultant was able to transfer information & experience	9	4	0	0	0
Consultant was accessible	6	7	0	0	0
Consultant was responsive	7	6	0	0	0
Consultant's recommendations were innovative & tailored	8	4	1	0	0
Recommendations were appropriate	9	4	0	0	0
Recommendations were practical	9	4	0	0	0
Report was well written	8	4	1	0	0
Deadlines & commitments were met & on time	8	4	1	0	0
I would recommend this consultant to others	10	3	0	0	0

What did the consultant do that was most helpful?

- Presented pertinent information - was a great teacher and very knowledgeable. The staff really liked Mary and she held their attention.
- Kept communication lines open at all times. Was very timely in returning calls, etc. Made staff feel comfortable.
- Very responsive to questions and provided excellent printed resources (policies, forms, etc.) for examples for formulation of hospital specific materials.
- Objectively evaluate business practices.
- Very open with the staff. Educated the staff with very constructive feedback.
- Being responsive and available.
- Helped establish goals of a financial benefit.
- Helped us expose our weaknesses and develop plan to address.

What does the consultant need to improve upon or pay attention to?

- All very good.
- This is more of an entity resource issue but in our case we could have used a longer consultation program. So much information and materials were presented that a little slower paced sessions might be more helpful.
- Avoid techniques that appear to divide and conquer staff.
- Limited time in small hospital staff.
- Everything is fine.

Other comments:

- I would highly recommend Mary to other hospital administrators.
- This was a very rewarding experience. The members of RHPI were very educational- which the staff at this facility needed very badly. Brian and Clint have been very receptive to providing prompt feedback to questions I have asked since the review. Christy has also been very helpful.

## B. RHPI Project Feedback

	Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly Disagree (1)
Consultation was organized	7	6	0	0	0
Consultation was planned in an appropriate time frame	7	6	0	0	0
Project staff were accessible	9	4	0	0	0
Project staff were responsive	10	3	0	0	0
Sufficient information was provided for planning the consultation	6	7	0	0	0
Staff assigned consultant/s was/were helpful	9	4	0	0	0
Staff were helpful during the consultation	9	3	1	0	0
I would recommend this project to others	11	2	0	0	0

What worked well?

- The performance improvement plan has assisted us to get on target. Set our goals, hold staff accountable. Great report for the board of directors and medical staff.
- The whole process. Very professional and thought out.
- Quick response-very educational.

What needs improving?

- None.
- Longer time frame for results reporting.

Other comments:

- The PI is a good education tool. Brian also did our assessment for critical access. Both Brian and Mary have been very helpful to me and to this organization.
- Excellent project, good results, helpful recommendations.
- Thanks for the opportunity. The feedback has been very beneficial.

## II. Consultant Feedback Results

Ten consultant forms were sent through September 2005. Nine forms were returned for a response rate of 90%. Follow-up was conducted with consultants not responding to the initial request. The consultant form requested feedback on the consultation and support from project staff. The following is a distribution of responses and comments provided to the questions asked. Stroudwater Associates consultants conducts most of the performance improvement (PI) consultations and as a result of serving several hospitals, were asked to respond twice a year rather than for each hospital.

	Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly Disagree (1)
Consultation was organized	8	1	0	0	0
Consultation was planned in an appropriate time frame	7	2	0	0	0
Project staff were accessible	9	0	0	0	0
Project staff were responsive	9	0	0	0	0
Sufficient information was provided for planning the consultation	5	3	1	0	0
Staff were helpful during the consultation	9	0	0	0	0
I would recommend this project to others	9	0	0	0	0

### What worked well?

- Good information provided prior to consultation, clients have good understanding of project (however, not all employees have good understanding); Mountain States Group very responsive re employee feedback; staff always pleasant and professional.
- Christy was always accessible to the consultants for answering questions and working with the hospital to get them organized. I am very happy with the system for Christy's interaction before and follow-up after the consultation. She has a great ability to establish a rapport with the administrators.
- Scheduling is much improved. Thanks very much Christy! Mountain States Group staff is always accessible and quickly responsive to inquiries.
- Advance notice of consultation dates allowed appropriate planning. Receiving advanced data allowed consultants to be prepared to arriving on site. Also, hospital selection was very good.
- Christy continues to be the "glue" that holds the project together; in particular, the working rapport with each of the hospitals before and after the initial site visit. Also, she has alerted us to situations that allowed immediate resolution vs. letting it turn into a big issue.

#### What needs improving?

- Scheduling much better this year than last (Bunkie an apparent anomaly), but anything that can be done to arrange visits in advance is helpful.
- We have had a string of hospitals that have not had all of their data ready; in the past when we would have considered "pulling the plug" we are now having to work with them despite their lack of preparedness - in large part to "meet the numbers" for working with new hospitals under Jerry's plan.
- We continue to struggle around obtaining necessary information prior to the consultation. Mountain States Group does an excellent job of reminding the hospitals about data needs and sending the appropriate forms in a timely fashion, but we still too often start a PIA less prepared than we could be. I am not sure how best to solve this problem.
- Nothing.
- I think we have a good plan based on our meeting from Boise; will need to work through issues re: HIT assessment, which is not clear what we will need to be doing.
- No problems. Christy was great with all project activities.

#### Other comments:

- Advance planning and hospital selection much improved from early years of the project. Overall excellent approach to most effectively helping hospitals.

### III. State Partner Feedback Results

Sixteen (16) state partners were sent feedback forms and an additional six individuals also representing hospital associations and state offices of rural health were identified to receive the form as alternates. Twelve of the original 16 state partners returned forms for a response rate of 75%. Two additional forms were received from alternates. Follow-up was conducted with state partners not responding to the initial request. The state partner form requested feedback on the project and support from project staff. The following is a distribution of responses and comments provided to the questions asked.

	Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly Disagree (1)
Consultations held in your state were organized	6	5	1	0	0
Consultations were planned in an appropriate time frame	9	3	1	0	0
Project staff were accessible	10	2	0	0	0
Project staff were responsive	10	3	0	0	0
Sufficient information was provided regarding consultations in your state	4	8	0	1	0
Staff assigned consultant/s was/were helpful to the hospitals	10	3	0	0	0
I would recommend this project to others	11	3	0	0	0
I am familiar with the consultation options offered by this project	9	4	0	1	0

What changes would you recommend to improve services and process?

- Ensure follow-up with hospitals on a set schedule, i.e., six months, 12 months, 18 months.
- More in-depth follow-up for hospitals.
- I would like to see the state partners, and in particular in Kentucky - the Kentucky Hospital Association - more involved in the follow-up process. For example, it seems that after the assessment our hospitals could benefit from assistance from the Hospital Association in reaching some of the goals outlined by the consultants.
- Follow-up visits to hospitals would be welcomed. Development of progress reports from 1st visit to present and plan to go forward.
- More follow-up with state partners and/or information regarding the outcome(s) of the consultation.
- Our hospitals would benefit from additional targeted assessments as identified in the PIA. Also, attention to marketing and revenue cycle management was identified as a need in most hospitals. Group education to share experiences, foster networking and outcomes has proven helpful in creating sustainability for our statewide QI project. Group education could do the same for marketing and revenue cycle management. As a follow-up to the PIA, FLEX funds are being directed to create strategic plans and provide follow-up. Using this strategy we have created a balanced score card for each hospital,



provide team building for hospital and medical staffs and provided a forum for board involvement in planning. Strategic planning funds for non-CAHs would encourage them to act on their PIAs also. We have been able to do this using local consultants at about \$3,000 per CAH.

Other comments:

- Red Bud was particularly pleased with Dave Hoffman.
- The participating hospitals have expressed to MHA and to others that the consultative visits have helped administrative staff, clinical staff and the Governing Body to realize what they are capable of doing and the measures that they must take to be successful. The hospitals appreciate these visits and credit them for improved clinical and financial service.
- I absolutely love working with Christy Crosser. She is personable and professional. The project is fortunate to have her working on their behalf!
- Would like copies of final reports to hospitals since we are involved with implementation of recommendations.
- Christy Crosser does a great job. Thanks for including Louisiana in this most worthy project. The state and our hospitals have learned so much about performance improvement strategies from Stroudwater Associates.

## ATTACHMENT A



### Delta Rural Hospital Performance Improvement (RHPI) Project Hospital Feedback on Consultants and the Project

Name, hospital, city & state (optional):

**You are invited to provide feedback on each consultant by completing a form on each.**

*Indicate the number that best describes the project's performance*

Consultant Name:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Consultant had the appropriate level of skills	5	4	3	2	1
Consultant had the appropriate level of knowledge	5	4	3	2	1
Consultant had the appropriate level of experience	5	4	3	2	1
Consultant understood the hospital functions	5	4	3	2	1
Consultant related well to staff	5	4	3	2	1
Consultant related well to board members	5	4	3	2	1
Communications with consultant was effective	5	4	3	2	1
Consultant was able to transfer information & experience	5	4	3	2	1
Consultant was accessible	5	4	3	2	1
Consultant was responsive	5	4	3	2	1
Consultant's recommendations were innovative & tailored	5	4	3	2	1
Recommendations were appropriate	5	4	3	2	1
Recommendations were practical	5	4	3	2	1
Report was well written	5	4	3	2	1
Deadlines & commitments were met & on time	5	4	3	2	1
I would recommend this consultant to others	5	4	3	2	1

What did the consultant do that was most helpful?

What does the consultant need to improve upon or pay attention to?

Comments:

### **RHPI Project**

*Indicate the number that best describes the project's performance.*

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
Consultation was organized	5	4	3	2	1
Consultation was planned in an appropriate time frame	5	4	3	2	1
Project staff were accessible	5	4	3	2	1
Project staff were responsive	5	4	3	2	1
Sufficient information was provided for planning the consultation	5	4	3	2	1
Staff assigned consultant/s was/were helpful	5	4	3	2	1
Staff were helpful during the consultation	5	4	3	2	1
I would recommend this project to others	5	4	3	2	1

What worked well?

What needs improving?

Comments:

## ATTACHMENT B



Delta Rural Hospital Performance Improvement  
(RHPI) Project

### Consultant Feedback

Name of consultant (optional):

Hospital:

**Please provide feedback regarding the RHPI Project.** *Indicate the number that best describes the project's performance.*

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Consultation was organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultation was planned in an appropriate time frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project staff were accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project staff were responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sufficient information was provided for planning the consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff were helpful during the consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend this project to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What worked well?

What needs improving?

Comments:

Please return to Linda Powell at [lpowell@MtnStatesGroup.org](mailto:lpowell@MtnStatesGroup.org)

## ATTACHMENT C



Rural Hospital Performance Improvement (RHPI)  
Project  
State Partners Feedback 2004-2005

Name, agency & state (optional):

Participating hospital in your state:

**Please provide feedback regarding the RHPI Project.** *Indicate one number for each item.*

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither agree or disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
Consultations held in your state were organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultations were planned in an appropriate time frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project staff were accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project staff were responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sufficient information was provided regarding consultations in your state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff assigned consultant/s was/were helpful to the hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend this project to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am familiar with the consultation options offered by this project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What changes would you recommend to improve services and process?

Comments:

Return to: Linda Powell  
Mountain States Group  
[lpowell@mtnstatesgroup.org](mailto:lpowell@mtnstatesgroup.org)  
fax: (208) 331-0267  
1607 West Jefferson Street  
Boise, ID 83702

## ATTACHMENT D

### DISTRIBUTION LIST FOR CLIENT FEEDBACK

TYPE: H=Hospital; C=Consultant; SP=State Partner

TYPE	CONTACT	ORGANIZATION	CITY	STATE
C	Clint MacKinney	Stroudwater Associates	St. Joseph	MN
C	Brian Haapala	Stroudwater Associates	Portland	ME
C	Mary Guyot	Stroudwater Associates	Portland	ME
C	Eric Shell	Stroudwater Associates	Portland	ME
C	Gerald Doeksen		Stillwater	OK
C	Val Schott		Oklahoma City	OK
C	Clint MacKinney	Stroudwater Associates	St. Joseph	MN
C	Brian Haapala	Stroudwater Associates	Portland	ME
C	Mary Guyot	Stroudwater Associates	Portland	ME
C	Eric Shell	Stroudwater Associates	Portland	ME
H	Claude Chatterton, CEO	Harrisburg Medical Center	Harrisburg	IL
H	Michael Nester	Simpson General Hospital	Mendenhall	MS
H	Mary Curtis, Administrator	Jefferson Davis Community Hospital	Prentiss	MS
H	Frank Caruso	Franklin Hospital District	Benton	IL
H	Cheri Barton Administrator	Reynolds County Memorial Hospital	Elington	MO
H	Bill Kail, Administrator	Humboldt General Hospital	Humboldt	TN
H	Andrea Conley, Administrator	South Mississippi County Reg Medical Center	Osceola	AR
H	Rosamond Tyler, Administrator	Tyler Holmes Memorial Hospital	Winona	MS
H	Bill Alloy, Administrator	Perry County Memorial Hospital	Perryville	MO
H	Bob Moore, Administrator	Red Bud Regional Hospital	Red Bud	IL
H	Paul Mathews, Administrator	Riverside Medical Center	Olla	LA
H	Claudia A Eisenmann, CEO	Crittenden Health System	Marion	KY
H		Hardtner Medical Center	Olla	LA
SP	Pat Schou	Illinois Critical Access Hospital Network	Princeton	IL
SP	James W. McDowell	Illinois Hospital Association	Springfield	IL
SP	Nick Nichols	Missouri Hospital Association	Jefferson	MO
SP	Barry Backer	Missouri Office of Rural Health	Jefferson City	MO
SP	Patrick Lipford	Tennessee Office of Rural Health	Nashville	TN
SP	Bill Jolley	Tennessee Hospital Association	Nashville	TN
SP	Lesia D. Woods, Program Director,	Tennessee Medicare Rural Hospital Flex Prog	Nashville	TN
SP	Larry Allen, Director	UK Center for Rural Health	Hazard	KY
SP	Woodrow Dunn, Rural Project Manager	Kentucky Rural Hospital Flexibility Program	London	KY
SP	Carol Blevins Ormay	Kentucky Hospital Association	Louisville	KY
SP	Robin Hite	Kentucky Hospital Association	Louisville	KY
SP	Bill Rodgers	Arkansas Office of Rural Health & Primary Care	Little Rock	AR
SP	Don Adams	Arkansas Hospital Association	Little Rock	AR
SP	Clyde Barginier, Dr.P.H., Director	Alabama Office of Primary Care & Rural Health	Montgomery	AL
SP	Jane Knight	Alabama Hospital Association	Montgomery	AL
SP	John Matessino, President & CEO	Louisiana Hospital Association	Baton Rouge	LA
SP	Beth Millet	Louisiana State Office of Rural Health	Baton Rouge	LA
SP	Chris Vidrine, Policy Analyst	Louisiana Hospital Association	Baton Rouge	LA
SP	Alvin Harrion, Director	Mississippi PC, Rural Health Policy & Planning	Jackson	MS
SP	Rozelia W. Harris, Director	Mississippi State Office of Rural Health	Jackson	MS
SP	Mary Patterson, Vice President for Policy	Mississippi Hospital Association	Jackson	MS
SP	Mendal Kemp, CAH Coordinator	Mississippi Hospital Association	Jackson	MS